

PRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH		60-010889	
FILED VS MAR 23 1960		1301	
Registration District No. 149		Primary Registration District No. 1002 Registrar's No. 1301	
STATE FILE NUMBER			
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb 50 years		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters Of The Poor		d. STREET ADDRESS (If outside, give location) 5331 Highland Avenue	
Inside Limits Yes ☐ No ☐		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last Bridget Dawson		4. DATE OF DEATH Month Day Year March 2 1960	
5. SEX Female		6. COLOR OR RACE White	
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH June 15 1867	
9. AGE (last birthday) 92		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Scotland		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Barney McMannus		13b. MOTHER'S MAIDEN NAME Mary Conley	
14. NAME OF HUSBAND OR WIFE unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT 5331 Highland Kansas City Little Sisters of The Poor Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia (Hepatic) DUE TO (b) Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 5 days 20 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) Enterobacteriaceae		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3/19/51 to 3/2/60 and last saw her alive on 3/1/60 Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph A. Fogarty (degree or title)		22b. ADDRESS 402 Northman Bldg. 3/13/60	
22c. DATE SIGNED 3/13/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/5/1960	
23c. NAME OF CEMETERY OR CREMATORY Richmond Cemetery		23d. LOCATION (City, town, or county) Richmond Missouri	
24. FUNERAL DIRECTOR D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri		25. DATE RECD. BY LOCAL REG. 3-4-60	
26. REGISTRAR'S SIGNATURE news minshall			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K. Bissner

Licensed Embalmer No. 49

P. O. Address KC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.